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TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

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-12/03/06--01003--004
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SUBJECT: PYRAMID MEDICAL EQUIPMENT & Supply Co., Inc
(Name of corporation - may include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ThurLOW L. CHANDLER
(Name of Person)

PYRAMID MEDICAL EQUIPMENT & Supply Co., Inc
(Firm/Company)

366 STUYVESANT AVENUE
(Address)

BROOKLYN, New York 11233
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Should you need to call someone concerning this matter, please call:

ThurLOW L. Chandler at (1-800) 573-4460
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. Pyramid Medical Equipment & Supply Co., Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEW YORK
(State or country under the law of which it is incorporated)
3. 11-2949633
(FBI number, if applicable)
4. JANUARY 19, 1989
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. N/A - NONE
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.135, F.S.))
7. Pyramid Medical Equipment & Supply Co., Inc.
366 STAYNESMITH AVE, BROOKLYN, NY 11233
(Current mailing address)
8. TO PATENT, MANUFACTURE, BUY, SELL, IMPORT, EXPORT, DISTRIBUTE
AND GENERALLY DEAL IN MEDICAL SUPPLIES OF ALL KINDS.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: LAURETTA GIBBS
Office Address: 800 W. BREVARD
TALLAHASSEE, Florida, 32304
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lauretta Gibbs
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: LAURETTA GIBBS

Address: 800 W. BREVARD

TALLAHASSEE, FL 32304

Vice Chairman: THURLOW L. CHANDLER

Address: 366 STUYVESANT AVENUE

BROOKLYN, NY 11233

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: LAURETTA GIBBS

Address: 800 W. BREVARD

TALLAHASSEE, FL 32304

Vice President: THURLOW L. CHANDLER

Address: 366 STUYVESANT AVENUE

BROOKLYN, NY 11233

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. ThurLOW L. Chandler
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

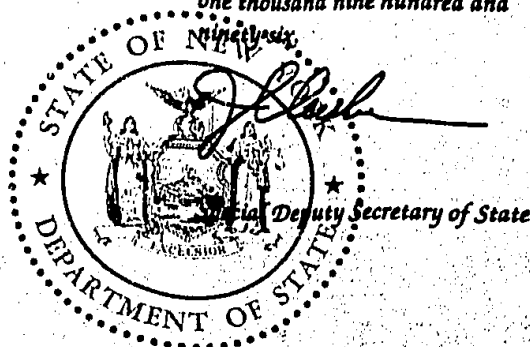
14. THURLOW L. CHANDLER, VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

State of New York | ss:
Department of State

I hereby certify, that the certificate of incorporation of PYRAMID MEDICAL EQUIPMENT & SUPPLY CO., INC. was filed on 01/19/1989, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 13th day of November
one thousand nine hundred and



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA